UNITED STATES PATENT & TRADEMARK OFFICE Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND						
1 Date of Request:(1)(2 05 2 Serial/Patent # 10/579335						
3 Please refund the following fee(s):		4 PAF	PER IBER	5 DATE FILED	6 AMOUNT	
I	Filing				\$	
P	Amendment				\$	
F	Extension of Time				\$	
N	Notice of Appeal/Appeal				\$	
I	Petition				\$	
	Issue				\$	
C	Cert of Correction/Terminal Disc.		<u> </u>		\$	
N	Maintenance				\$	
1	Assignment				\$	
	other Sant fee & Claim adjustment				\$ /250	
adjustment		7 TOTAL AMOUNT OF REFUND			\$250	
		8 TO BE REFUNDED BY:				
10 REASON:		Treasury Check				
Overpayment		Credit Deposit A/C #:				
I	Duplicate Payment	, 19-0065				
P	No Fee Due (Explanation):					
11 REFUND REQUESTED BY:						
TYPED/PRINTED NAME: TITLE:						
SIGNATURE: 9140 PHONE: (703) 308-9140						
office: Office: Office						
THIS SPACE RESERVED FOR FINANCE USE ONLY:						
APPROV	APPROVED: DATE:					
1						

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park One, Room 802B